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## United States Bankruptcy Court Northern District of Illinois Western Division

**Voluntary Petition** 

| Name of Debtor (if individual, enter Last, First, Middle):  Kaiser, Rebecca Lynn   |   |                  |                      |                                   |                    |                  | Name of Joint Debtor (Spouse) (Last, First, Middle)   |   |                          |                                     |  |  |
|--|---|------------------|----------------------|-----------------------------------|--------------------|------------------|---|---|--------------------------|-------------------------------------|--|--|
| All Other Names and trade names  |   | Debtor in the    | last 8 years         | (include mai                      | rried, maider      | All Oth<br>maide | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden and trade names):                                   |   |                          |                                     |  |  |
| Last four digits of (if more than one,   | ast four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN if more than one, state all) * ***-**-1361             |                  |                      |                                   |                    |                  |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) * |                          |                                     |  |  |
| Street Address of Debtor (No. & Street, City, and State):  |   |                  |                      |                                   |                    |                  | Address of Join   | nt Debtor (No.  | & Street, City           | , and State):                       |  |  |
| 5704 Andrews Dr Apt # 5  |   |                  |                      |                                   |                    |                  |   |   |                          |                                     |  |  |
| Roscoe IL 61073  |   |                  |                      |                                   |                    |                  |   |   |                          |                                     |  |  |
| County of Reside   | ence or of th   | e Principal Pla  | ace of Busin         | ess:                              |                    | County           | of Residence  | or of the Princ   | cipal Place of E         | Business:                           |  |  |
|  |   | ВО               | ONE                  |                                   |                    |                  |   |   |                          |                                     |  |  |
| Mailing Address of Debtor (if different from street address)   |   |                  |                      |                                   |                    | Mailing          | Address of Jo   | int Debtor (if o  | different from s         | treet address):                     |  |  |
| Location of Princi   | ipal Assets   | of Business D    | ebtor (if diffe      | erent from stre                   | eet address        | above):          |   |   |                          |                                     |  |  |
| Type of Debte  | or (Form of (   | Organization)    | ı                    | Nature of Bu<br>(Check one b      |                    | Chap             | ter of Bankru   | otcy Code Un  | der Which th             | e Petition is Filed (Check one box) |  |  |
|  |   | oint Debtors)    |                      | Care Busine                       |                    | -                | ■ Chapter 7 □ Chapter 15 Petition for Recognition   |   |                          |                                     |  |  |
|  | See Exhibit D on page 2 of this form  ☐ Single Asset Real Estate as ☐ Corporation (includes LLC & LLP) ☐ defined in 11 U.S.C §101 (51B) |                  |                      |                                   |                    |                  | ☐ Chapter 9 of a Foreign Main Proceeding ☐ Chapter 11   |   |                          |                                     |  |  |
| _  | Corporation (includes LLC & LLP)  Railroad  Getined in 11 U.S.C §101 (51B)  |                  |                      |                                   |                    | ·   — ·          | napter 12   |   | ☐ Chapter                | 15 Petition for Recognition         |  |  |
| ☐ Partnersh  | nip   |                  | Stock                | broker<br>nodity Broker           |                    | ☐ Ch             | ☐ Chapter 13 of a Foreign Nonmain Proceeding  |   |                          |                                     |  |  |
| •  | debtor is no<br>itities, check  |                  | ☐ Cleari             | •                                 |                    |                  |   | Nature o  | f Debts (Check           | ( one Box)                          |  |  |
|  | type of enti  |                  | ☐ Other              | -                                 |                    | ■ De             | ■ Debts are primarily consumer □ Debts are primarily business   |   |                          |                                     |  |  |
|  |   |                  |                      | Tax-Exempt                        |                    |                  | bts, defined in 101(8) as "incu   |   | deb                      | ts.                                 |  |  |
|  |   |                  |                      | heck box, if ap<br>r is a tax-exe | ,                  | inc              | lividual primari  | ly for a  |                          |                                     |  |  |
|  |   |                  | _                    | ization under<br>d States Code    |                    |                  | rsonal, family, rpose."   | or household  |                          |                                     |  |  |
|  |   |                  |                      | nue Code).                        | o (une unterni     |                  | . p 0 0 0 .   |   |                          |                                     |  |  |
|  |   | Filing Fee (C    | heck <b>one</b> box) |                                   |                    | Check            | one box   | Cha   | apter 11 Debte           | ors                                 |  |  |
| Filing Fee atta  | ached   |                  |                      |                                   |                    | □ D              | ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D)  |   |                          |                                     |  |  |
| ☐ Filing Fee to b  | ne naid in in   | stallments (ar   | onlicable in ir      | ndividuals onl                    | v) Must atta       | och              |   |   |                          |                                     |  |  |
| signed applica<br>unable to pay  | ation for the   | court's consid   | deration cert        | ifying that the                   | debtor is          | □ D              | Check if:  ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affliates) are less than \$2,190,000. |   |                          |                                     |  |  |
| ☐ Filing Fee wa  | vier request  | ted (applicable  | e to chapter         | 7 individuals                     | only). Must        | Checl            | Check all applicable boxes:   |   |                          |                                     |  |  |
| attach signed  |   |                  |                      |                                   |                    |                  | A plan is being filed with this petition.  Acceptances of the plan were solicited prepetition from one of more classes                    |   |                          |                                     |  |  |
|  |   |                  |                      |                                   |                    |                  | creditors, in a   |   |                          |                                     |  |  |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available for distribution to unsecured creditor  ☐ Debtor estimates that, after any exempt property is excluded and administrative funds available for distribution to unsecured creditors. |   |                  |                      |                                   |                    |                  | s paid, there w   | rill be no  |                          | This space is for court use only    |  |  |
| Estimated Number   | r of Creditors  | 3                |                      |                                   | _                  |                  | _   | _   | _                        |                                     |  |  |
| 1-   | <b>□</b><br>50-   | <b>□</b><br>100- | □<br>200-            | <b>1</b> ,000-                    | <b>5</b> ,001-     | <b>1</b> 0,001   | □<br>25,001   | <b>5</b> 0,001  | Over                     |                                     |  |  |
| 49<br>Estimated Assets   | 99  | 199              | 999                  | 5,000                             | 10,000             | 25,000           | 50,000  | 100,000   | 100,000                  |                                     |  |  |
| \$0 to   | \$50,001to  | \$100,001 to     | \$500,001            | <b>1</b> \$1,000,001              | \$10,000,001       | \$50,000,001     | \$100,000,001   | \$500,000,001   | ☐<br>More than           |                                     |  |  |
| \$50,000   | \$100,000   | \$500,000        | to \$1               | to \$10                           | to \$50            | to \$100         | to \$500  | to \$1billion   | \$1 billion              |                                     |  |  |
| Estimated Liabiliti  | es 🔲  |                  | million              | million                           | million            | million          | million   |   |                          |                                     |  |  |
| \$0 to   | \$50,001 to   | \$100,001 to     | \$500,001            | \$1,000,001                       | \$10,000,001       |                  | \$100,000,001   | \$500,000,001<br>to \$1billion  | More than<br>\$1 billion |                                     |  |  |
| \$50,000   | \$100,000   | \$500,000        | to \$1               | to \$10<br>million                | to \$50<br>million | million          | to \$500  | (O & IDIIIIOII  | ווטוווט ו שָ             |                                     |  |  |

Case 09-72432 Doc 1 Filed 06/12/09 Entered 06/12/09 16:50:59 Desc Main B1 (Official Form 1) (1/08) Document Page 2 of 41 **Voluntary Petition** Name of Debtor(s) This page must be completed and filed in every case) Kaiser, Rebecca Lynn All Prior Bankruptcy Case Filed Within Last 8 Years (if more than two, attach additional sheet) Location Where Filed: Case Number: Date Filed: None None Pending Bankruptcy Case Filed by any Spouse, Partner, or Affilate of this Debtor (if more than one, attach additional sheet) Name of Debtor: Date Filed: Case Number: None District: Relationship: Judge: **Exhibit B** Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 pursuant to Section 13 or 15 (d) of the Securities Exchange Act of or 13 of title 11, United States Code, and have explained the relief available under 1934 and is requesting relief under chapter 11.) each such chapter. I further certify that I have delivered to the debtor the notice required by 11 USC § 342(b). Exhibit A is attached and made a part of this petition. /s/ Jason A Kara Jason A Kara Dated: 06/12/2009 **Exhibit C** Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. Nο **Exhibit D** (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. П Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check the Applicable Box.) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) П Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of Landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1))

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day

П

possession was entered, and

period after the filing of the petition.

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#### **Voluntary Petition**

This page must be completed and filed in every case)

## Name of Joint Debtor(s)

Kaiser, Rebecca Lynn

### **Signatures**

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7,11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### /s/ Rebecca Lynn Kaiser Rebecca Lynn Kaiser

Dated: 06/04/2009

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition (Check only **one** box.)

□ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

## << Sign & Date on Those Lines

### **Signature of Attorney**

### /s/ Jason A Kara

Signature of Attorney for Debtor(s)

#### Jason A Kara

Printed Name of Attorney for Debtor(s)

LAW OFFICES OF PETER FRANCIS GERACI 55 E. Monroe Street #3400 Chicago IL 60603 312.332.1800 (PH)

Date: 06/12/2009

\* In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedule incorrect.

### Signature of Debtor (Corporation/Partnerhsip)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for fi ling for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

#### Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.



# Document Page 4 of 41 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser Debtor

Bankruptcy Docket #:

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed. 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunites for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency. 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed. 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); Active military duty in a military combat zone. 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Dated: 06/04/2009

/s/ Rebecca Lynn Kaiser Rebecca Lynn Kaiser



Sign & Date Here Case 09-72432 Doc 1 Filed 06/12/09 Entered 06/12/09 16:50:59 Desc Main Document Page 5 of 41

# Document Page 5 of 41 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Dated:

06/04/2009

Rebecca Lynn Kaiser Debtor

Bankruptcy Docket #:

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed.

| 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.   |
|---|
| 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.   |
| 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]  |
| If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |
| 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]  |
| Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);   |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);   |
| Active military duty in a military combat zone.   |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |
| I certify under penalty of perjury that the information provided above is true and correct.   |

PFG Record # 355846 B

Sign & Date

Here

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, C, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

|  |                            |                              | AMOL      |             |         |
|--|----------------------------|------------------------------|-----------|-------------|---------|
| Name of Schedule   | Attached<br>YES   NO       | Pages                        | Assets    | Liabilities | Other   |
| SCHEDULE A - Real Property                                     | Yes                        | 1                            | \$192,000 | \$-         | \$-     |
| SCHEDULE B - Personal Property                                 | Yes                        | 3                            | \$1,950   | \$-         | \$-     |
| SCHEDULE C - Property Claimed as Exempt                        | Yes                        | 1+                           | \$-       | \$-         | \$-     |
| SCHEDULE D - Creditors Holding Secured Claims                  | Yes                        | 1+                           | \$-       | \$194,528   | \$-     |
| SCHEDULE E - Creditors Holding<br>Unsecured Priority Claims    | Yes                        | 2                            | \$-       | \$-         | \$-     |
| SCHEDULE F - Creditors Holding<br>Unsecured Nonpriority Claims | Yes                        | 1+                           | \$-       | \$17,640    | \$-     |
| SCHEDULE G - Executory Contracts and Unexpired Leases          | Yes                        | 1                            | \$-       | \$-         | \$-     |
| SCHEDULE H - CoDebtors   | Yes                        | 1                            | \$-       | \$-         | \$-     |
| SCHEDULE I - Current Income of Individual Debtor(s)            | Yes                        | 1                            | \$-       | \$-         | \$1,726 |
| SCHEDULE J - Current Expenditures of Individual Debtor(s)      | Yes                        | 1                            | \$-       | \$-         | \$1,697 |
| TOTALS   | \$ 193,950<br>TOTAL ASSETS | \$ 212,168 TOTAL LIABILITIES |           |             |         |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

Rebecca Lynn Kaiser / Debtor

Bankruptcy Docket #:

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES - 28 U.S.C. § 159

If you are an individual debtor whose debts are primarily consumer debts as defined in 101(8) of the Bankruptcy Code (11 U.S.C. 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts and, therefore, are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C § 159
Summarize the following types of liabilities, as reported in the Schedules, and total them

| Type of Liability  | Amount |
|--|--------|
| Domestic Support Obligations (From Schedule E)   | \$ 0   |
| Taxes and Certain Other Debts Owed to governmental Units (From Schedule E)   | \$ 0   |
| Claims for Death or Personal Injury While Debtor was Intoxicated (From Schedule E) whether disputed or undisputed) | \$ 0   |
| Student Loan Obligations (From Schedule F)   | \$ 0   |
| Domestic Support Separation Agreement and Divorce Decree Obligations Not Reported on (Schedule E).                 | \$ 0   |
| Obligations to Pension or Profit Sharing and Other Similar Obligations (From Schedule F)                           | \$ 0   |
| TOTAL  | \$ 0   |

#### State the following:

| Average Income (from Schedule I, Line 16)  | \$ 1,726.12 |
|--|-------------|
| Average Expenses (from Schedule J, Line 18)  | \$ 1,697.00 |
| Current Monthly Income (from Form 22A Line 12; or, Form 22B Line 11; or, Form 22C Line 20) | \$ 2,371.80 |

#### State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$ 1,000.00  |
|--|---------|--------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | \$ 0.00 |              |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" Column |         | \$0          |
| 4. Total from Schedule F   |         | \$ 17,640.00 |
| 5. Total of non-priority unsecured debt (sum of 1,3 and 4)                 |         | \$ 18,640.00 |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property                  | Nature of<br>Debtor's Interest<br>in Property | Husband<br>Wife<br>Joint<br>Or<br>Community | Current Value of Debtors<br>Interest in Property<br>Without Deducting and<br>Secured Claim or<br>Exemption | Amount of<br>Secured Claim |
|---|---|---|--|----------------------------|
| 874 Emerald Dr. Pinegree Grove, IL 601404 (SURRENDER) | Fee Simple                                    | Н   | \$ 192,000   | \$ 194,528                 |

**Total Market Value of Real Property** 

\$192,000.00 (Report also on Summary of Schedules)

B6A (Official Form 6A) (12/07) Page 1 of 1 PFG Record # 355846

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "HWJC." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

#### Do not list interest in executory and unexpired leases on this schedule. List them in Schedule G.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information in this schedule, do not include the name or address of a minor child. Simpy state a "minor child."

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property  |   | Description and Location of Property   | H W J C | Debtor's<br>Propert<br>Deduc | t Value of<br>Interest in<br>y, Without<br>ting Any<br>d Claim or |
|---|---|--|---------|------------------------------|---|
| 01. Cash on Hand  | X |  |         |                              |   |
| 02. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations or credit unions, brokerage houses, or cooperatives. | X |  |         |                              |   |
| 03. Security Deposits with public utilities, telephone companies, landlords and others.   | X |  |         |                              |   |
| 04. Household goods and furnishings, including audio, video, and computer equipment.  |   | Household goods; TV, VCR, stereo, sofa, vacuum, table, chairs, lamps, entertainment center, bedroom sets, washer/dryer, stove, refrigerator, microwave, pots/pans, dishes/flatware | н       | \$                           | 1,500   |
| 05. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  |   | Books, Compact Discs, Tapes/Records, Family Pictures   | Н       | \$                           | 200   |
| 06. Wearing Apparel   |   | Necessary wearing apparel.   | н       | \$                           | 50  |
| 07. Furs and jewelry.   |   | Earrings, watch, costume jewelry   | Н       | \$                           | 200   |
| 08. Firearms and sports, photographic, and other hobby equipment.   | X |  |         |                              |   |
| 09. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   | X |  |         |                              |   |
| 10. Annuities. Itemize and name each issuer.  | X | BSR (Official Fo   |         | (40/07)                      | Dama 4 of 2   |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

| SCH  | SCHEDULE B - PERSONAL PROPERTY |   |  |  |  |  |  |  |
|--|--------------------------------|---|--|--|--|--|--|--|
| Type of Property   |                                | operty Description and Location of Property |  |  |  |  |  |  |
| 11. Interests in an educational IRA as defined in 26 U.S.C 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(B)(1). Give particulars. (File separately the records(s) of any such interest(s). 11 U.S.C. 521(c); Rule 1007(b)).                        | X                              |   |  |  |  |  |  |  |
| 12. Interest in IRA,ERISA, Keogh, or other pension or profit sharing plans. Give particulars   | X                              |   |  |  |  |  |  |  |
| 13. Stocks and interests in incorporated and unincorporated businesses.  | X                              |   |  |  |  |  |  |  |
| 14. Interest in partnerships or joint ventures. Itemize. Itemize.  | X                              |   |  |  |  |  |  |  |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments.  | X                              |   |  |  |  |  |  |  |
| 16. Accounts receivable  | X                              |   |  |  |  |  |  |  |
| 17. Alimony, maintenance, support and property settlements to which the debtor is or may be entitled   | X                              |   |  |  |  |  |  |  |
| 18. Other liquidated debts owing debtor including tax refunds. Give particulars.   | X                              |   |  |  |  |  |  |  |
| 19. Equitable and future interests, life estates, and rights of power exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                              |   |  |  |  |  |  |  |
| 20. Contingent and Non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                              |   |  |  |  |  |  |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counter claims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                              |   |  |  |  |  |  |  |
| 22. Patents, copyrights and other intellectual property. Give particulars.   | X                              |   |  |  |  |  |  |  |
| 23. Licenses, franchises and other general intangibles.  | X                              |   |  |  |  |  |  |  |
| 24. Customer list or other compilations containing personally identifiable information (as defined in 11 USC 101 41A provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes | X                              |   |  |  |  |  |  |  |
| 25. Autos, Truck, Trailers and other vehicles and accessories.   | X                              |   |  |  |  |  |  |  |
| 26. Boats, motors and accessories.   | X                              |   |  |  |  |  |  |  |
| PFG Record # 355846  |                                |   |  |  |  |  |  |  |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

| SCHEDULE B - PERSONAL PROPERTY                                       |                  |   |          |  |  |  |  |
|--|------------------|---|----------|--|--|--|--|
| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property        | C<br>H W | Current Value of<br>Debtor's Interest in<br>Property, Without<br>Deducting Any<br>Secured Claim or |  |  |  |
| 27. Aircraft and accessories.  | X                |   |          |  |  |  |  |
| 28. Office equipment, furnishings, and supplies.                     | X                |   |          |  |  |  |  |
| 29. Machinery, fixtures, equipment, and supplie used in business.    | X                |   |          |  |  |  |  |
| 30. Inventory  | X                |   |          |  |  |  |  |
| 31. Animals  |                  |   |          |  |  |  |  |
|  |                  | Family Pets/Animals.                        | н        | \$ 0   |  |  |  |
| 32. Crops-Growing or Harvested. Give particulars.                    | X                |   |          |  |  |  |  |
| 33. Farming equipment and implements.                                | X                |   |          |  |  |  |  |
| 34. Farm supplies, chemicals, and feed.                              | X                |   |          |  |  |  |  |
| 35. Other personal property of any kind not already listed. Itemize. | X                |   |          |  |  |  |  |
|  |                  | Total (Report also on Summary of Schedules) |          | \$1,950  |  |  |  |

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# NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

| SCHEDULE C - PROPERTY CLAIMED EXEMPT  |  |   |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|
| Debtor claims the exemptions to which debtor is entitled under: (Check one box)  11 U.S.C. § 522(b)(2)  11 U.S.C. § 522(b)(3) |  | Check if debtor claims a homestead exemption that exceeds \$136,875 |  |  |  |  |  |  |  |

| Description of Property  | Specify Law Providing Each<br>Exemption | Value of<br>Claimed<br>Exemption | Current Value of<br>Property without<br>Deducting<br>Exemption |
|--|---|----------------------------------|--|
| 04. Household goods and furnishings, including audio, video, and computer equipment.  Household goods; TV, VCR, stereo, sofa, vacuum, table, chairs, lamps, entertainment center, bedroom sets, washer/dryer, stove, refrigerator, microwave, pots/pans, | 735 ILCS 5/12-1001(b)                   | \$ 1,500                         | \$ 1,500   |
| dishes/flatware  05. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  Books, Compact Discs, Tapes/Records, Family Pictures  | 735 ILCS 5/12-1001(a)                   | \$ 200                           | \$ 200   |
| 06. Wearing Apparel Necessary wearing apparel.   | 735 ILCS 5/12-1001(a),(e)               | \$ 50                            | \$ 50  |
| 07. Furs and jewelry.  Earrings, watch, costume jewelry  | 735 ILCS 5/12-1001(a),(e)               | \$ 200                           | \$ 200   |
|  |   |                                  |  |
|  |   |                                  |  |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s) on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule D. Amount of \* Date Claim was Incured Codebtor Claim Unsecured \* Nature of Lien W **Creditor's Name and Mailing Address** Without Portion, If \*Value of Property Subject to Lien Deducting **Including Zip and Account Number** Any \*Description of Property (See Instructions Above) C Value of

Nature of Lien: Statutory Lien

Intention: Surrender

Market Value: \$ 192,000

Dates:

1 <u>Cambridge Lake Community Asso</u> C/O Kovitz, Shifren

750 Lake Cook Rd.

#350

Acct No.:

PFG Record #

Grove, IL 601404 (SURRENDER)

\*Description: 874 Emerald Dr. Pinegree

Law Firm(s) | Collection Agent(s) Representing the Original Creditor

X

Clerk of the Circ. Ct. - Kane Doc# 09 LM 45 PO Box 112 Geneva IL 60134

## 2 Wells Fargo Home Mortgage

Bankruptcy Department 8480 Stage Coach Circle Frederick MD 21701

Acct No.: 708020257

H Dates: 2006
Nature of Lien: Mortgage
Market Value: \$ 192,000
Intention: Surrender

\*Description: 874 Emerald Dr. Pinegree

Grove, IL 601404 (SURRENDER)

Law Firm(s) | Collection Agent(s) Representing the Original Creditor

X

Pierce & Associates Attn: Bankruptcy Department 1 N. Dearborn St. #1300 Chicago IL 60602

355846

B6D (Official Form 6D) (12/07) Page 1 of 2

1,528

\$ 193,000

\$0

\$ 1.000

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

Creditor's Name and Mailing Address Including Zip and Account Number (See Instructions Above) Lodebtor H M J C

liquidated

Amount of Claim Without Deducting Value of

Unsecured Portion, If Any

**Total** 

\$ 194,528

\$ 1,000

(Report also on Summary of Schedules.) (if applicatble, report also on Statistical Summary of Certain Liabilities and Related Data.) Case 09-72432 Doc 1 Filed 06/12/09 Entered 06/12/09 16:50:59 Desc Main Document Page 15 of 41

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors

|     | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
|-----|---|
| TYP | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
|     | Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
|     | Extensions of Credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but bfore the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
|     | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
|     | Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
|     | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
|     | Deposits by individuals Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).  |
|     | Taxes and certain other Debts Owed to Governmental Units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
|     | Commitments to maintain the capital of insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
|     | Claims for death or personal injury while debtor was intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance, 11 U.S.C. § 507(a)(10).  |

\* Amounts are subject to adjustment on April 10, 2010, and every three years thereafter with respect to cases commenced on or after the date of adju

In re

Rebecca Lynn Kaiser / Debtor

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above)                      | Codebtor | H W J C | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|--|----------|---------|--|------------|--------------|----------|--------------------|
| 1 Apex Alarm Attn: Bankruptcy Dept. 5132 North 300W Provo UT 84601 Acct #: XXXX1361                                  |          | Н       | Dates: 2007<br>Reason: Services Rendered   |            |              |          | \$ 1,200           |
| 2 Blockbuster Video Bankruptcy Department 2333-2339 Randall Rd Carpentersville IL 60110 Acct #: 05017488217101863400 |          | Н       | Dates: 2007 Reason: Credit Extended to Debtor(s)   |            |              |          | \$ 200             |

Law Firm(s) | Collection Agent(s) Representing the Original Creditor

Credit Protection Association Bankruptcy Department 13355 Noel Rd., 21st floor Dallas TX 75240

Record # 355846 B6F (Official Form 6F) (12/07) Page 1 of 4

In re

Rebecca Lynn Kaiser / Debtor

| SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS  |          |             |  |            |              |          |                    |
|---|----------|-------------|--|------------|--------------|----------|--------------------|
| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above)             | Codebtor | C<br>A<br>H | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
| 3 Chase Bankruptcy Department 800 Brooksedge Blvd. Westerville OH 43081 Acct #:                             | x        | Н           | Dates: Reason: <b>Deficiency</b> , <b>Repo'd/Surr'd Auto</b>                                       | :          |              |          | \$ 10,087          |
| 4 Elgin Fire Department Attn: Bankruptcy Dept. 3601 Algonquin Rd. Rolling Meadows IL 60008 Acct #: XXXX1361 |          | Н           | Dates: 2007<br>Reason: Credit Card or Credit Use   |            |              |          | \$ 300             |

### Law Firm(s) | Collection Agent(s) Representing the Original Creditor

Northwest Collectors Bankruptcy Department 3601 Algonquin Rd., Ste. 500 Rolling Meadows IL 60008-3104

| 5 | Provena St. Joseph Hospital Attn: Bankruptcy Department 77 North Airlite Street Elgin IL 60123 | F | н | Dates: Reason: Medical/Dental Services |  | \$ 1,453 |
|---|--|---|---|--|--|----------|
|   | Acct #: 4882494  |   |   |  |  |          |

### Law Firm(s) | Collection Agent(s) Representing the Original Creditor

MiraMed Revenue Group Bankruptcy Department Dept. 77304, PO Box 77000 Detroit MI 48277

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In re

Rebecca Lynn Kaiser / Debtor

| SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS                                       |          |            |  |            |              |          |                    |
|--|----------|------------|--|------------|--------------|----------|--------------------|
| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above)    | Codebtor | C<br>H W J | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
| 6 Target National Bank Bankruptcy Dept. PO Box 59317 Minneapolis MN 55459 Acct #: 4352376728234766 |          | Н          | Dates: 2007<br>Reason: Credit Card or Credit Use   |            |              |          | \$ 3,200           |

### Law Firm(s) | Collection Agent(s) Representing the Original Creditor

Collectcorp Corporation Bankruptcy Department 455 N. 3rd St., Ste. 260 Phoenix AZ 85004

### 7 <u>Washington Mutual</u>

Bankruptcy Dept. PO Box 6868

Lake Worth FL 33466

Acct #: 018000001935214

H Dates: 2007

Reason: NSF Checks

\$ 700

### Law Firm(s) | Collection Agent(s) Representing the Original Creditor

PFG of Minnesota Bankruptcy Department 7825 Washington Ave. S, #410 Minneapolis MN 55439

RJM Acquisition Funding Bankruptcy Department 575 Underhill Blvd., Ste. 224 Syosset NY 11791

B6F (Official Form 6F) (12/07)

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In re

Rebecca Lynn Kaiser / Debtor

| SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS                                    |          |             |  |            |              |          |                    |
|---|----------|-------------|--|------------|--------------|----------|--------------------|
| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above) | Codebtor | C<br>A<br>H | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | <br>unt of<br>laim |
| 8 Washington Mutual Bankruptcy Dept. PO Box 6868 Lake Worth FL 33466 Acct #: 1801934836         |          | Н           | Dates: 2007<br>Reason: NSF Checks  |            |              |          | \$<br>500          |

### Law Firm(s) | Collection Agent(s) Representing the Original Creditor

PFG of Minnesota Bankruptcy Department 7825 Washington Ave. S, #410 Minneapolis MN 55439

Island National Group Bankruptcy Department 6851 Jericho Turnpike, #180 Syosset NY 11791

**Total Amount of Unsecured Claims** 

(Report also on Summary of Schedules)

\$ 17,640.00

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).



Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract. Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Non-Residential Real Property. State Contract Number or Any Government Contract.

[x] None

PFG Record # 355846 B6G (Official Form 6G) (12/07) Page 1 of 1

In re

Rebecca Lynn Kaiser, Debtor

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).



Check this box if debtor has no codebtors.

|   | Name and Address of CoDebtor                                    | Name and Address of the Creditor  |
|---|---|---|
| • | Adam Theer<br>4572 Crab Orchard Dr.<br>Hoffman Estates IL 60192 | Wells Fargo Home Mortgage Bankruptcy Department 8480 Stage Coach Circle Frederick MD 21701  Account No. 708020257 |
| _ | Adam Theer<br>4572 Crab Orchard Dr<br>Hoffman Estates, IL 60192 | Cambridge Lake Community Assoc C/O Kovitz, Shifren 750 Lake Cook Rd. #350 Account No.                             |
|   | Adam Theer<br>4572 Crab Orchard Rd<br>Hoffman Estates IL 60192  | Chase Bankruptcy Department 800 Brooksedge Blvd. Westerville OH 43081 Account No.                                 |

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In re

Rebecca Lynn Kaiser, Debtor

Bankruptcy Docket #:

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital  | DEPENDENTS OF DEBTOR AND SPOUSE ~ RELATIONSHIP AND AGE |                   |  |  |  |  |  |  |  |  |
|-------------------|--|-------------------|--|--|--|--|--|--|--|--|
| Status: Single    | None   |                   |  |  |  |  |  |  |  |  |
|                   | DEBTOR EMPLOYMENT                                      | SPOUSE EMPLOYMENT |  |  |  |  |  |  |  |  |
| Occupation:       | Fraud Analyst  |                   |  |  |  |  |  |  |  |  |
| Name of Employer: | Chase  |                   |  |  |  |  |  |  |  |  |
| Years Employed    | 1 year   |                   |  |  |  |  |  |  |  |  |
| Employer Address: | 2500 Westfield Dr.                                     |                   |  |  |  |  |  |  |  |  |
| City, State, Zip  | Elgin, IL 60124  | ,                 |  |  |  |  |  |  |  |  |

| INCOME: (Estimate of average or projected monthly income at time case filed.)   | DEBTOR                                  | SPOUSE                                   |
|---|---|--|
| Monthly Gross Wages, Salary, and commissions  | \$ 2,232.14                             | \$ 0.00                                  |
| (Prorate if not paid monthly.) 2. Estimated Monthly Overtime  | \$ 0.00                                 | \$ 0.00                                  |
| 3. SUBTOTAL   | \$ 2,232.14                             | \$ 0.00                                  |
| 4. LESS PAYROLL DEDUCTIONS  | . ,                                     |  |
| a. Payroll Taxes and Social Security  | \$ 506.02                               | \$ 0.00                                  |
| b. Insurance  | \$ 0.00                                 | \$ 0.00                                  |
| c. Union Dues   | \$ 0.00                                 | \$ 0.00                                  |
| d. Other (Specify)  Pension:  | \$ 0.00                                 | \$ 0.00                                  |
| Voluntary 401 Contributions:  | \$ 0.00                                 | \$ 0.00                                  |
| Child Support:  | \$ 0.00                                 | \$ 0.00                                  |
| Life Insurance, Uniforrms, 401K Loan:   | \$ 0.00                                 | \$ 0.00                                  |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS   | \$ 506.02                               | \$ 0.00                                  |
| 6. TOTAL NET MONTHLY TAKE HOME PAY  | \$ 1,726.12                             | \$ 0.00                                  |
| 7. Regular income from operation of business or profession or farm  | \$ 0.00                                 | \$ 0.00                                  |
| 8. Income from real property  | \$ 0.00                                 | \$ 0.00                                  |
| Interest and dividends  | \$ 0.00                                 | \$ 0.00                                  |
| <ol> <li>Alimony, maintenance or support payments payable to the debtor<br/>for the debtor's use or that of dependents listed above.</li> </ol> | \$ 0.00                                 | \$ 0.00                                  |
| 11. Social Security or government assistance (Specify)  | \$ 0.00                                 | \$ 0.00                                  |
| 12. Pension or retirement income  | \$ 0.00                                 | \$ 0.00                                  |
| 13. Other monthly income (Specify:) & & &   | \$ 0.00                                 | \$ 0.00                                  |
| Unemployment Income   | \$ 0.00                                 | \$ 0.00                                  |
| 14. SUBTOTAL OF LINES 7 THROUGH 13  |   |  |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  | \$ 1,726.12                             | \$ 0.00                                  |
| 16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals fromlin  | \$ 1,72                                 | 26.12                                    |
| if there is only one debtor repeat total reported on line 15.)  | Report also on Summary of Schedules and | I. if applicable, on Statistical Summary |

Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data.)

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<sup>17.</sup> Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

# UNITED SPATES BARKRUPTEY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser / Debtor

Bankruptcy Docket #:

| 19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  c. Monthly net income (a. minus b.)  \$ 1,726.12  \$ 1,697.00  \$ 29.12  | SCHEDIII E J - CURRENT   | T FYPENSES OF   |                                    | N DERTOR                  | S)              |
|--|--|---|------------------------------------|---------------------------|-----------------|
| Check box if joint petition is filed & debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labelled "Spouse".  1. Rent or home mortgage payment (include lot rented for mobile home) a. Real Estate taxes included? [] Yes [x] No b. Property insurance included? [] Yes [x] No b. Water, Sewer, Garbage c. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Water, Sewer, Garbage d. Cellphone, Internet d. Other b. Sewond d. Challed Expenses d. Sewer, Garbage d. Sewer  |  |   |                                    | <u> </u>                  |                 |
| 1. Rent or home mortgage payment (include lot rented for mobile home) a. Real Estate taxes included? [] Yes [x] No b. Property insurance included? [] Yes [x] No c. Celiphone, Internet d. Other Home Phone and Cable Television  3. Home Maintenance (repairs and upkeep) 4. Food c. Celiphone, Internet d. Sa8.00 d. Other Home Phone and Cable Television  3. Home Maintenance (repairs and upkeep) 4. Food c. Celiphone, Internet d. Sa8.00 d. Other Home Phone and Cable Television  3. Home Maintenance (repairs and upkeep) 4. Food c. Clothing 6. Laundry and Dry Cleaning 7. Medical and Dental Expenses 8. Transportation (not including car payments) Gas, Tolls/Parking, Fees/Licenses, Repair, Bus/Train 9. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc. 5. 550.00 10. Charitable Contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or Renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes 13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) b. Reaffirmation Payments c. Other 14. Alimony, maintenance and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Newspaper/Mags & Tuttion, Books & Childcare & Pet Eyecare, Meds postage/Banking S125.00 S40.00   | <u> </u>   | •   |                                    |                           |                 |
| a. Real Estate taxes included? [] Yes [x] No b. Property insurance included? [] Yes [x] No 2. Utilities: a. Electricity and Heating Fuel \$150.00 b. Water, Sewer, Garbage c. Cellphone, Internet \$20.00 c. Cellphone, Internet d. Other Home Phone and Cable Television \$30.00 d. Other Home Phone and Cable Television \$70.00 d. Other Home Phone and Cable Television \$50.00 d. Other \$50.00 d. Other Home Phone and Cable Television \$50.00 d. Other \$50.00   | <del>_</del>   | •   |                                    | edule of expenditures lab | •               |
| 2. Utilities: a. Electricity and Heating Fuel b. Water, Sewer, Garbage c. Cellphone, Internet d. Other Home Phone and Cable Television 3. Home Maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and Dry Cleaning 7. Medical and Dental Expenses 8. Transportation (not including car payments) Gas, Tolls/Parking, Fees/Licenses, Repair, Bus/Train 9. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc. 9. So.00 10. Charitable Contributions 11. Insurance (not deducted from wages or included in home mortgage payments) 12. Life 13. Life 14. Auto 15. Other 15. Taxes (not deducted from wages or included in home mortgage payments) 15. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) 16. Auto 16. Cother 17. Other: Support of additional dependents not living at your home 17. Other: Haircuts, Hygiene, Newspaper/Mags & Life Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Newspaper/Mags & Life, Regular expenses from operation of business, profession, or farm (attach detailed statement) 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  20. STATEMENT OF MONTHLY NET INCOME 21. Average monthly expenses from Line 18 above 23. 6, 20.12  24. Average monthly expenses from Line 18 above 24. 6, 20.12  25. 20.12  26. 20.12  27. 20.00  27. 20.00  28. 20.12  29. 20.00  29. 20.00  20. STATEMENT OF MONTHLY NET INCOME 20. Average monthly income from Line 18 above 20. 50.00  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.01  20. 20.02  20. 20.01  20. 20.01  20. 20.02  20. 20.02  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  20. 20.03  2  |  |   | •                                  |                           | \$ 325.00       |
| b. Water, Sewer, Garbage c. Cellphone, Internet d. Other Home Phone and Cable Television 3. Home Maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and Dry Cleaning 7. Medical and Dental Expenses 8. Transportation (not including car payments) 8. Transportation (not including car payments) 8. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc. 9. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc. 9. Life 9. Life 9. Lealth 9. Life 9. Lealth 9. Life 9. Lealth 9. Life 9. Health 9. Life 9. Chealth 9. Chartable Contributions 11. Insurance (not deducted from wages or included in home mortgage payments) 12. Taxes (not deducted from wages or included in home mortgage payments) 13. Installment Payments; (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) 14. Aluto 15. Payments for support of additional dependents not living at your home 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Postage/Banking 18. Leycare, Meds 19. Postage/Banking 19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filius bit document Nane  20. STATEMENT OF MONTHLY RET INCOME 19. Average monthly expenses from Line 18 above 19. Septiments from Line 18 above 19. Septiments included in Report Line 18 above 19. Septiments (Inchapter 11 and Payments) 19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filius spannents Nane  20. STATEMENT OF MONTHLY NET INCOME 21. Average monthly expenses from Line 18 above 21. Septiments inchapted and inchapted labeliage and the properties of the control o   |  | No b. Property insi   | urance included?                   | [] Yes [x] No             | <b>#</b> 450.00 |
| Second   Collephone, Intermet   Borne   Home   Phone and Cable   Television   \$70,00   \$70   | •  |   |                                    |                           |                 |
| S  | <del>_</del>   |   |                                    |                           | <u> </u>        |
| 3. Home Maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and Dry Cleaning 7. Medical and Dental Expenses 8. Transportation (not including car payments) Gas, Tolls/Parking, Fees/Licenses, Repair, Bus/Train 9. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc. 10. Charitable Contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or Renter's b. Life c. Health d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes 13. Installment Payments: (in Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other 14. Alimony, maintenance and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Newspaper/Mags & Tuition, Books & Childcare & Pet Eyecare, Meds Postage/Banking GLS Repay: Babysitting Care: \$12. Describe any increase/decrease in expenditures anticipated to occur within the year following the filling this document None  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I \$1,4726.12 b. Average monthly expenses from Line 18 above \$1,697.00 \$2,912.   | •  | bla Talavisian  |                                    |                           | <u> </u>        |
| 4. Food  5. Clothing  6. Laundry and Dry Cleaning  7. Medical and Dental Expenses  8. Transportation (not including car payments)  |  | DIE TEIEVISION  |                                    |                           |                 |
| 5. Clothing       \$50.00         6. Laundry and Dry Cleaning       \$50.00         7. Medical and Dental Expenses       \$50.00         8. Transportation (not including car payments) Gas, Tolls/Parking, Fees/Licenses, Repair, Bus/Train       \$212.00         9. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc.       \$50.00         10. Charitable Contributions       \$-         11. Insurance (not deducted from wages or included in home mortgage payments)       \$-         a. Homeowner's or Renter's       \$-         b. Life       \$-         c. Health       \$-         d. Auto       \$-         e. Other       \$-         12. Taxes (not deducted from wages or included in home mortgage payments)       \$-         (Specify)       Federal or State Tax Repayments, Real Estate Taxes       \$-         13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan)       \$-         a. Auto       \$-       \$-         b. Reaffirmation Payments       \$-         c. Other       \$-         14. Alimony, maintenance and support paid to others       \$-         15. Payments for support of additional dependents not living at your home       \$-         16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   |  |   |                                    |                           |                 |
| 6. Laundry and Dry Cleaning 7. Medical and Dental Expenses 8. Transportation (not including car payments) Gas, Tolls/Parking, Fees/Licenses, Repair, Bus/Train 9. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc. 10. Charitable Contributions 11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or Renter's b. Life c. Health d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes  13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other  14. Alimony, maintenance and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Newspaper/Mags & Tuition, Books & Childcare & Pet Eyecare, Meds Postage/Banking GLS Repay: Babysitting Care: \$12. Describe any increase/decrease in expenditures anticipated to occur within the year following the filling this document Nane  20. STATEMENT OF MONTHLY NET INCOME a. A verage monthly income from Line 15 of Schedule   b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  \$1,000 the contributions \$1,000 the contributions \$2,000 the contributi  |  |   |                                    |                           |                 |
| 7. Medical and Dental Expenses \$50.00  8. Transportation (not including car payments) Gas, Tolls/Parking, Fees/Licenses, Repair, Bus/Train \$212.00  9. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc. \$50.00  10. Charitable Contributions \$50.00  11. Insurance (not deducted from wages or included in home mortgage payments) \$  | •  |   |                                    |                           |                 |
| 8. Transportation (not including car payments) Gas, Tolls/Parking, Fees/Licenses, Repair, Bus/Train \$212.00 9. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc. \$50.00 10. Charitable Contributions \$   | , ,  |   |                                    |                           |                 |
| 9. Recreation, Clubs and Entertainment, Newspapers, Magazines, etc. 10. Charitable Contributions 11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or Renter's b. Life c. Health d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes  13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other  14. Alimony, maintenance and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Eyecare, Meds \$125.00 \$40.00 \$40.00 \$0.00 \$0.00 \$- \$45.00 \$120.00 \$1,697.00 \$1,697.00 \$1,726.12 \$5. Average monthly income from Line 15 of Schedule I b. Average monthly necome (a. minus b.) \$1,097.00 \$2,931.2  | •  |   |                                    |                           |                 |
| 10. Charitable Contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or Renter's b. Life c. Health d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes  13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other  14. Alimony, maintenance and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Postage/Banking St. Sepay: Babysitting Care: \$12. State Taxes  \$   |  |   | es/Licenses, R                     | epair, Bus/Train          | ·               |
| 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or Renter's b. Life c. Health d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes  13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other  14. Alimony, maintenance and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Newspaper/Mags & Fuition, Books & Childcare & Pet Eyecare, Meds Postage/Banking St. Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filling this document None  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule   b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  \$ 2-   |  | papers, Magazines, etc.   |                                    |                           |                 |
| a. Homeowner's or Renter's b. Life c. Health d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes  13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other  14. Alimony, maintenance and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Eyecare, Meds State Nonthly Reyenese (Care: State) State Nonthly Expenses (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  20. STATEMENT OF MONTHLY NET INCOME Average monthly income from Line 15 of Schedule I b. Average monthly net income (a. minus b.)  \$ 29.12   |  | idad in hama martagaa   | navmente)                          |                           | \$ -            |
| b. Life c. Health d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes  13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other  14. Alimony, maintenance and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Eyecare, Meds S125.00 S40.00 S0.00 S0.00 S-S45.00 S210.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  20. STATEMENT OF MONTHLY NET INCOME Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.) S-CONTROLLED S-CON   |  | ded in nome mongage   | payments)                          |                           | \$ -            |
| c. Health d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes  13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other 5-  14. Alimony, maintenance and support paid to others  15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Postage/Banking GLS Repay: Babysitting Care: Eyecare, Meds Postage/Banking GLS Repay: Babysitting Care: \$125.00 \$40.00 \$0.00 \$- \$45.00 \$210.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filling this document None  20. STATEMENT OF MONTHLY NET INCOME b. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  \$ 5- 45- 5- 5- 5- 5- 5- 5- 5- 5- 5- 5- 5- 5- 5  |  |   |                                    |                           | \$ -            |
| d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes \$\\ 13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other \$\\ 14. Alimony, maintenance and support paid to others  15. Payments for support of additional dependents not living at your home \$\\ 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other: Haircuts, Hygiene, Postage/Banking GLS Repay: Babysiting Care: \$\\ 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME b. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  \$\\ 10. \)  \$\\ 1. \  |  |   |                                    |                           | <b>\$</b> -     |
| e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) Federal or State Tax Repayments, Real Estate Taxes \$  |  |   |                                    |                           | \$ -            |
| (Specify) Federal or State Tax Repayments, Real Estate Taxes  13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other  14. Alimony, maintenance and support paid to others  15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Eyecare, Meds Postage/Banking GLS Repay: S125.00 S40.00 S0.00 S-S45.00 S210.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME b. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.) \$ 1,697.00   | e. Other   |   |                                    |                           |                 |
| 13. Installment Payments: (In Chapter 11, 12, and 13 cases, do not list payments to be included in plan) a. Auto b. Reaffirmation Payments c. Other 5- 14. Alimony, maintenance and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other: Haircuts, Hygiene, Eyecare, Meds Postage/Banking GLS Repay: S125.00 S40.00 S0.00 S- S45.00 S210.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME b. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.) \$ 1,697.00   | 12. Taxes (not deducted from wages or included   | d in home mortgage pay  | ments)                             |                           |                 |
| a. Auto b. Reaffirmation Payments c. Other  14. Alimony, maintenance and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other: Haircuts, Hygiene, Postage/Banking GLS Repay: Babysitting Care:  \$125.00 \$40.00 \$0.00 \$- \$45.00 \$210.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filling this document None  20. STATEMENT OF MONTHLY NET INCOME b. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  \$ 1,697.00 \$29.12  | (Specify) Federal or State Tax Repayme   | ents, Real Estate Taxes   | <u> </u>                           |                           | <u>\$ -</u>     |
| b. Reaffirmation Payments c. Other  14. Alimony, maintenance and support paid to others  15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other: Haircuts, Hygiene, Newspaper/Mags & Tuition, Books & Childcare & Pet Eyecare, Meds Postage/Banking GLS Repay: Babysitting Care:    State   | •  | nd 13 cases, do not list p  | payments to be in                  | ncluded in plan)          | <b>\$</b> _     |
| c. Other  14. Alimony, maintenance and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other: Haircuts, Hygiene, Eyecare, Meds  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME  b. Average monthly income from Line 15 of Schedule I \$ 1,726.12   |  |   |                                    |                           |                 |
| 14. Alimony, maintenance and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other: Haircuts, Hygiene, Eyecare, Meds  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  \$1,726.12  b. Average monthly expenses from Line 18 above  \$1,697.00  c. Monthly net income (a. minus b.)  \$29.12   |  | \$-   |                                    |                           |                 |
| 15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other: Haircuts, Hygiene, Newspaper/Mags & Tuition, Books & Childcare & Pet Eyecare, Meds Postage/Banking GLS Repay: Babysitting Care:  \$125.00 \$40.00 \$0.00 \$- \$45.00 \$210.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  \$1,726.12  b. Average monthly expenses from Line 18 above  \$1,697.00  c. Monthly net income (a. minus b.) \$29.12  |  | <u> </u>  |                                    |                           |                 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other: Haircuts, Hygiene, Eyecare, Meds  \$125.00  \$40.00  \$0.00  \$1. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  \$1,697.00  \$210.00   |  |   | ne                                 |                           |                 |
| 17. Other: Haircuts, Hygiene, Eyecare, Meds  \$125.00  \$40.00  \$0.00  \$0.00  \$- \$45.00  \$1,697.00  \$1 |  |   |                                    | atement)                  |                 |
| Eyecare, Meds Postage/Banking GLS Repay: Babysitting Care: \$125.00 \$40.00 \$0.00 \$- \$45.00 \$210.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I \$1,726.12 b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  \$29.12  |  | •   |                                    | •                         | Ψ -             |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  \$ 1,697.00  | ,  | · · · · · · · · · · · · · · · · · · ·                               |                                    |                           |                 |
| the Stastical of Summary of Certain Liabilities and Related Data.  19. Describe any increase/decrease in expenditures anticipated to occur within the year following the filing this document None  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  c. Monthly net income (a. minus b.)  \$ 1,726.12  | \$125.00 \$40.00   | \$0.00  | \$ -                               | \$ 45.00                  | \$210.00        |
| 20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)  \$ 1,726.12  \$ 1,697.00  \$ 29.12  | 18. AVERAGE MONTHLY EXPENSES (Total lines the Stastical of Summary of Certain Liabilities and Relative Stastical Control of Summary of Certain Liabilities and Relative Stastical Control of Stastical | es 1-17. Report also on Summated Data.                              | ary of Schedules and               | I if applicable, on       | \$ 1,697.00     |
| b. Average monthly expenses from Line 18 above \$ 1,697.00 c. Monthly net income (a. minus b.) \$ 29.12  | •  | ures anticipated to occu  | r within the year                  | following the filing      | this document:  |
| a. Potal amount to be paid into plan monthly   | 20. STATEMENT OF MONTHLY NET INCOME  | <ul><li>b. Average monthly e</li><li>c. Monthly net incom</li></ul> | expenses from L<br>e (a. minus b.) | ine 18 above              | \$ 1,697.00     |

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# Document Page 24 of 41 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser Debtor

Bankruptcy Docket #:

#### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

#### **DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, and that they are true and correct to the best of my knowledge, information and belief. I have disclosed on the foregoing schedules all property or assets I may have an interest in, the correct value of it, and every debt I may be liable for. I accept the risk that some debts won't be discharged. I have been advised of the difference between Chapter 7 and Chapter 13, income & expense concepts, budgeting, and have made full disclosure.

Debtor's attorney has advised debtor that creditors can object to discharge of their debt on a variety of grounds including fraud, recent credit usage, divorce and support obligations and reckless conduct.

Debtor's attorney has advised debtor that non-dischargeable debts such as taxes, student loans, fines by government units and liens on property of debtor are generally unaffected by bankruptcy.

Dated: 06/04/2009 /s/ Rebecca Lynn Kaiser
Rebecca Lynn Kaiser

if joint case, both spouses must sign. If NOT a joint case the joint debtor will NOT appear.

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

#### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. 110)

Non-Attorney Petition Preparers were **NOT** used to prepare any portion of this petition. All documents were produced by the Law Offices of Peter Francis Geraci.

THIS SECTION ONLY APPLIES TO PETITION PREPARERS AND HAS NOTHING TO DO WITH THIS CASE

#### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

This is a personal bankruptcy for an individual(s) and **NOT** a corporation or partnership.

THIS SECTION ONLY APPLIES TO CORPORTATIONS & PARTNERSHIPS AND HAS NOTHING TO DO WITH THIS CASE

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

# Document Page 25 of 41 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 01. INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS:

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|   | AMOUNT   | SOURCE     |   |
|---|--|------------|---|
|   | 2009: \$11,160 YTD<br>2008: \$30,885<br>2007: \$25,383 | employment |   |
| X | Spouse   |            |   |
|   | AMOUNT   | SOURCE     | _ |

# Document Page 26 of 41 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

|   | STATEMENT OF FI   | NANCIAL AFFAIRS   |  |
|---|---|---|--|
| 02. INCOME OTHER THAN FRO   | OM EMPLOYMENT OR OPERATION  | N OF BUSINESS:  |  |
| the two years immediately prece spouse separately. (Married deb   | ding the commencement of this case  | mployment, trade, profession, operation . Give particulars. If a joint petition is filed to the state income for each spouse ed.)   | ed, state income for each  |
| AMOUNT  | SOURCE  |   |  |
| Spouse  |   |   |  |
| AMOUNT  | SOURCE  |   |  |
| 03. PAYMENTS TO CREDITOR  Complete a. or b. as appropriate  a. INDIVIDUAL OR JOINT DEB                                  | , and c.  | /IER DEBTS: List all payments on loans  | s installment nurchases of or  |
| services, and other debts to any value of all property that constituthat were made to a creditor on a                   | creditor made within 90 days immedites or is affected by such transfer is account of a domestic support obligater and creditor counseling agency. (M. | iately proceeding the commencement of<br>not less than \$600.00. Indicate with an<br>tion or as part of an alternative repaymental<br>arried debtors filing under chapter 12 of<br>iled, unless the spouses are separated | of this case if the aggregate asterisk (*) any payments ent schedule under a plan by r chapter 13 must include |
| payments by either or both spou   |   |   |  |
| Name and Address of Creditor  | Dates of<br>Payments  | Amount<br>Paid  | Amount<br>Still Owing  |
| Name and Address of Creditor  b. DEBTOR WHOSE DEBTS Al days immediately preceding the transfer is not less than \$5,000 | Payments  RE NOT PRIMARILY CONSUMER D commencement of the case if the age (Married debtors filing under chapter                                       |   | Amount Still Owing  sfer to any creditor made wit tutes or is affected by such is and other transfers by eac   |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

| STA | TEMENT | OF FIN | JANCIAL  | <b>AFFAIRS</b> |
|-----|--------|--------|----------|----------------|
| JIA |        | OF FI  | MAINCIAL | AFFAIRO        |

NONE

c. ALL DEBTORS: List all payments made within 1 year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments be either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name & Address of Creditor & Relationship to Debtor Dates of Payments

Amount Paid or Value of Transfers Amount Still Owing

NONE

04. SUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS:

List all lawsuits & administrative proceedings to which the debtor is or was a party within 1 (one) year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING COURT OF AGENCY AND LOCATION STATUS OF DISPOSITION

NONE

04b. WAGES OR ACCOUNTS GARNISHED: Describe all property that has been attached, garnished or seized under any legal or equitable process within (1) one year preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Person for Whose Benefit Property was Seized Date of Seizure Description and Value of Property

05. REPOSSESSION, FORECLOSURES AND RETURNS:

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Creditor or Seller Date of Repossession, Foreclosure Sale, Transfer or Return

Description and Value of Property

Chase

2/2009

2002 Acura RSX

# Document Page 28 of 41 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

|   | OTATEMENT OF THAT  | NCIAL AFFAIRS   |  |
|---|--|---|--|
| 06. ASSIGNMENTS AND F   | RECEIVERSHIPS:   |   |  |
|   |  |   |  |
| • •   | at of property for the benefit of creditors made wit   |   | -  |
| ,   | g under chapter 12 or chapter 13 must include a  |   | spouses whether or not a join                                |
| petition is filed, unless the s   | spouses are separated and a joint petition is not  | med.)   |  |
| Name and  | Date   | Terms of  |  |
| Address of  | of   | Assignment or   |  |
| Assignee  | Assignment   | Settlement  |  |
|   |  |   |  |
|   | as been in the hands of a custodian, receiver, or<br>tent of this case. (Married debtors filing under ch   |   |  |
| •   | pouses whether or not a joint petition is filed, unle  | ·   | •  |
| Name and  | Name & Location  | Date  | Description  |
| Address   | of Court Case  | of  | and Value of   |
| of Custodian  | Title & Number   | Order   | Property   |
| or custoural  |  |   |  |
| 07. GIFTS:  |  |   |  |
| 07. GIFTS:  | ontributions made within one year immediately pr   | eceding the commencement of t   | his case except ordinary and                                 |
| 07. GIFTS: List all gifts or charitable co  | ontributions made within one year immediately pr<br>ers aggregating less than \$200 in value per indivi  | _   |  |
| 07. GIFTS:  List all gifts or charitable cousual gifts to family member than \$100 per recipient. (M                                  | ers aggregating less than \$200 in value per indivi<br>arried debtors filing under chapter 12 or chapter   | dual family member and charital<br>13 must include gifts or contribu                                      | ole contributions aggregating                                |
| 07. GIFTS:  List all gifts or charitable cousual gifts to family members than \$100 per recipient. (M                                 | ers aggregating less than \$200 in value per indivi  | dual family member and charital<br>13 must include gifts or contribu                                      | ole contributions aggregating                                |
| 07. GIFTS:  List all gifts or charitable cousual gifts to family member than \$100 per recipient. (M whether or not a joint petition) | ers aggregating less than \$200 in value per indivi-<br>arried debtors filing under chapter 12 or chapter<br>on is filed, unless the spouses are separated and | dual family member and charital<br>13 must include gifts or contribu                                      | ole contributions aggregating                                |
| 07. GIFTS:  List all gifts or charitable cousual gifts to family members than \$100 per recipient. (M                                 | ers aggregating less than \$200 in value per indivi-<br>arried debtors filing under chapter 12 or chapter<br>on is filed, unless the spouses are separated and | dual family member and charital<br>13 must include gifts or contribu<br>I a joint petition is not filed.) | ole contributions aggregating tions by either or both spouse |

Part by Insurance, Give Particulars

of Property

Loss

# Document Page 29 of 41 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

NONE

NONE

| S  | IAIEMENI OF FI  | NANCIAL AFFAIRS  |  |
|--|---|--|--|
|  |   |  |  |
| 09. PAYMENTS RELATED TO DEE  | BT COUNSELING OR BANKRUF  | PTCY:  |  |
|  | f under the bankruptcy law or pre                                       | debtor to any persons, including attorr paration of a petition in bankruptcy wit                                   |  |
| Name and   |   | Date of Payment,   | Amount of Money or                                   |
| Address  |   | Name of Payer if   | Description and                                      |
| of Payee   |   | Other Than Debtor  | Value of Property                                    |
| Law Offices of Peter   |   | 05/2009  | Payment/Value:                                       |
| Francis Geraci   |   |  | 1,500.00   |
| 55 E Monroe St   |   |  |  |
| Suite#3400   |   |  |  |
| Chicago,IL 60603   |   |  |  |
| Name and<br>Address<br>of Payee  |   | Date of Payment,<br>Name of Payer if<br>Other Than Debtor  | Amount of Money or description and Value of Property |
| MMI/CCCS<br>9009 W. Loop S.<br>Houston, TX 77096<br>Phone 866.983.2227 |   | 2009   | \$50.00  |
| ransferred either absolutely or as se                                  | ecurity with two (2) years immedi<br>3 must include transfers by either | ary course of the business or financial ately preceding the commencement of or both spouses whether or not a joint | this case. (Married debtors                          |
| Name and Address of  |   | Describe Property  |  |
| Transferee, Relationship   |   | Transferred and  |  |
| to Debtor  | Date  | Value Received   |  |
|  | the debtor within ten (10) years i                                      | mmediately preceding the commencen   | nent of this case to a self-settle                   |
| 10b. List all property transferred by t                                |   |  |  |
|  | ebtor is a beneficiary.   |  |  |
|  | ,   | Amount and Date  |  |
| rust or similar device of which the d                                  | lebtor is a beneficiary.  Date(s)  of                                   |  |  |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

| STATEMENT | $\triangle$ E | EINIA NICIA | LAFEAIDO  |
|-----------|---------------|-------------|-----------|
| SIAIFMENI |               | FINANGIA    | I AFFAIRS |

NONE

#### 11. CLOSED FINANCIAL ACCOUNTS:

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one (1) year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Institution Type of Account, Last Four Digits of Account Number, and Amount of Final Balance

Amount and Date of Sale or Closing

NONE

#### 12. SAFE DEPOSIT BOXES:

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Bank or Other Depository Names & Addresses of Those With Access to Box or depository Description of Contents Date of Transfer or Surrender, if Any

NONE

#### 13. SETOFFS:

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Creditor

Date of Setoff

Amount of Setoff

NONE

#### 14. LIST ALL PROPERTY HELD FOR ANOTHER PERSON:

List all property owned by another person that the debtor holds or controls.

Name and Address of Owner

Description and Value of Property

Location of Property

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

|   | STATEMENT OF FIN  | ANCIAL AFFAIRS                      |                                 |
|---|---|-------------------------------------|---------------------------------|
|   |   |                                     |                                 |
| 15. PRIOR ADDRESS OF DE                                   | :BTOR(S):   |                                     |                                 |
|   | ee (3) years immediately preceding the cond vacated prior to the commencement of  |                                     | •                               |
|   | Name  | Dates of                            |                                 |
| Address   | Used  | Occupancy                           | _                               |
| 16. SPOUSES and FORMER                                    | SPOUSES:  |                                     |                                 |
| Louisiana, Nevada, New Mexi                               | d in a community property state, commonvico, Puerto Rico, Texas, Washington, or W dentify the name of the debtor's spouse an                    | isconsin) within eight (8) years in | mmediately preceding the        |
| Name  |   |                                     |                                 |
| 17. ENVIRONMENTAL INFOR                                   | RMATION: on, the following definitions apply:   |                                     |                                 |
| "Environmental Law" means a toxic substances, wastes or m | any federal, state, or local statute or regula<br>naterial into the air, land, soil surface water<br>ing the cleanup of the these substances, v | , ground water, or other medium     |                                 |
|   | ility, or property as defined under any Envi<br>ling, but not limited to, disposal sites.   | ronmental Law, whether or not p     | presently or formerly owned o   |
| "Hazardous material" means a environmental Law.           | anything defined as a hazardous waste, ha   | zardous or toxic substances, po     | llutant, or contaminant, etc. u |
|   |   |                                     |                                 |
|   | ss of every site for which the debtor has ren violation of an Environmental Law. Indica   |                                     | •                               |
| Site Name   | Name and Address  | Date                                | Environmental                   |

of Governmental Unit

and Address

Law

of Notice

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In re

| 171   |  |  |  |   |
|---|--|--|--|---|
|   |  | f every site for which the debtor provio<br>al unit to which the notice was sent ar  | •  | f a release of Hazardous  |
|   | Site Name<br>and Address   | Name and Address of Governmental Unit  | Date<br>of Notice  | Environmental<br>Law  |
| del   |  | ve proceedings, including settlements the name and address of the governm  |  |   |
| ١   | James and Address of   |  | Status of  |   |
| a. I<br>end<br>pai<br>imr                         | ding dates of all businesses in<br>rtnership, sole proprietor, or wa<br>mediately preceding the comm   | Docket Number  AME OF BUSINESS  If the names, addresses, taxpayer ider which the debtor was an officer, direct s self-employed in a trade, profession encement of this case, or in which the receding the commencement of this case.   | Disposition  Itification numbers, nature of the but or, partner, or managing executive, or other activity either full- or part-debtor owned 5 percent or more of   | of a corporation, partner in a -time within six (6) years   |
| a. I<br>end<br>par<br>imr<br>wit<br>If the        | Governmental Unit  NATURE, LOCATION AND NATURE, LOC | Number  AME OF BUSINESS  If the names, addresses, taxpayer ider which the debtor was an officer, direct s self-employed in a trade, profession encement of this case, or in which the  | Disposition  Itification numbers, nature of the business of the public or, partner, or managing executive, or other activity either full- or partdebtor owned 5 percent or more of ase.  | of a corporation, partner in a<br>time within six (6) years<br>f the voting or equity securities<br>inesses, and beginning and  |
| a. I<br>end<br>par<br>imr<br>wit<br>If the<br>(6) | Governmental Unit  NATURE, LOCATION AND NATURE, LOC | Number  AME OF BUSINESS  If the names, addresses, taxpayer ider which the debtor was an officer, direct is self-employed in a trade, profession encement of this case, or in which the receding the commencement of this case, addresses, taxpayer identification which the debtor was a partner or own  | Disposition  Itification numbers, nature of the business.  It is a continuous process of the business of the business of the series of the business of the voting of the business of the process of the p | of a corporation, partner in a time within six (6) years f the voting or equity securities inesses, and beginning and or equity securities, within six inesses, and beginning and |
| a. I enopal immovit If the eno (6)                | Governmental Unit  NATURE, LOCATION AND NATURE, LOC | Number  AME OF BUSINESS  If the names, addresses, taxpayer ider which the debtor was an officer, direct is self-employed in a trade, profession encement of this case, or in which the receding the commencement of this case in a names, addresses, taxpayer identification which the debtor was a partner or own the commencement of this case.  The names, addresses, taxpayer identification is addressed, taxpayer identification in the debtor was a partner or own the debtor was a partner or own. | Disposition  Itification numbers, nature of the business.  It is a continuous process of the business of the business of the series of the business of the voting of the business of the process of the p | of a corporation, partner in a time within six (6) years f the voting or equity securities inesses, and beginning and or equity securities, within six inesses, and beginning and |

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In re

Rebecca Lynn Kaiser, Debtor

Address

|  | STATEMENT OF FI  | NANCIAL AFFAIRS   |
|--|--|---|
|  |  |   |
| has been, within six years imme<br>executive, or owner of more tha   | ediately preceding the commencemer n 5 percent of the voting or equity see                       | a corporation or partnership and by any individual debtor who is out of this case, any of the following: an officer, director, managing curities of a corporation; a partner, other than a limited partner, of, or other activity, either full- or part-time. |
|  | ceding the commencement of this ca   | ement only if the debtor is or has been in business, as defined ab<br>se. A debtor who has not been in business within those six years  |
| 19. BOOKS, RECORDS AND I   | FINANCIAL STATEMENTS:  |   |
| List all bookkeepers and account the keeping of books of account   | , , <u>-</u>   | diately preceding the filing of this bankruptcy case kept or supervi  |
| Name<br>and Address  | Dates Services<br>Rendered   |   |
|  |  |   |
| 19b. List all firms or individuals   | wno within two (2) years immediately   | preceding the filing of this bankruptcy case have audited the boo   |
|  | ed a financial statement of the debtor.  |   |
| account and records, or prepare  | ed a financial statement of the debtor.  | Dates Services  |
|  | ` , ,  |   |
| account and records, or prepare . Name  19c. List all firms or individuals   | ed a financial statement of the debtor.  Address   | Dates Services Rendered  at of this case were in possession of the books of account and rec   |
| account and records, or prepare . Name  19c. List all firms or individuals   | ed a financial statement of the debtor.  Address  who at the time of the commencemen             | Dates Services Rendered  at of this case were in possession of the books of account and rec   |
| naccount and records, or prepared Name  19c. List all firms or individuals of the debtor. If any of the books  | Address  Address  who at the time of the commencements of account and records are not available. | Dates Services Rendered  at of this case were in possession of the books of account and rec   |
| account and records, or prepare Name  19c. List all firms or individuals of the debtor. If any of the books Name  19d. List all financial institutions | Address  who at the time of the commencemers of account and records are not avai                 | Dates Services Rendered  It of this case were in possession of the books of account and reclable, explain.  |

Issued

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In re

|   |  | IANCIAL AFFAIRS  |                              |
|---|--|--|------------------------------|
|   |  |  |                              |
| 20. INVENTORIES   |  |  |                              |
| List the dates of the last tw   | o inventories taken of your property, the nan is of each inventory.  | ne of the person who supervised th   | ne taking of each inventory, |
| Date  | Inventory  | Dollar Amount of Inventory   |                              |
| of<br>Inventory   | Supervisor   | (specify cost, market of other   |                              |
| Inventory   | Supervisor   | basis)   | -                            |
| b. List the name and addr   | ess of the person having possession of the re  | ecords of each of the inventories re   | ported in a., above.         |
| Date<br>of Inventory  | Name and Addresses of Custodian  |  |                              |
| or inventory  | of Inventory Records   |  |                              |
|   | ship, list nature and percentage of interest of  |  |                              |
|   |  |  | -                            |
| a. If the debtor is a partne         Name         and Address  21b. If the debtor is a corp                               | ship, list nature and percentage of interest of Nature   | f each member of the partnership.  Percentage of Interest  oration; and each stockholder who   | directly or indirectly owns, |
| a. If the debtor is a partne  Name and Address  21b. If the debtor is a corp controls, or holds 5% or m  Name and Address | Nature of Interest  oration, list all officers & directors of the corp ore of the voting or equity securities of the corp        | Percentage of Interest  Oration; and each stockholder who orporation.  Nature and Percentage of Stock Ownership  DLDERS:                                     | -                            |
| a. If the debtor is a partne  Name and Address  21b. If the debtor is a corp controls, or holds 5% or m  Name and Address | Nature of Interest  oration, list all officers & directors of the corp ore of the voting or equity securities of the corp  Title | Percentage of Interest  Oration; and each stockholder who orporation.  Nature and Percentage of Stock Ownership  DLDERS:  hip interest of each member of the | -                            |
| a. If the debtor is a partne  Name and Address  21b. If the debtor is a corp controls, or holds 5% or m  Name and Address | Nature of Interest  oration, list all officers & directors of the corp ore of the voting or equity securities of the corp  Title | Percentage of Interest  Oration; and each stockholder who orporation.  Nature and Percentage of Stock Ownership  DLDERS:                                     | -                            |

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# NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

|   | STATEMENT OF FIN   |  |                   |
|---|--|--|-------------------|
|   |  |  |                   |
| 22b. If the debtor is a corporation immediately preceding the com-  |  | ationship with the corporation terminated within o   | one (1) year      |
| Name<br>and Address   | Title  | Date of<br>Termination   |                   |
| and Address   | Title  | Termination  |                   |
| 23. WITHDRAWALS FROM A  | PARTNERSHIP OR DISTRIBUTION BY   | A COPORATION:  |                   |
|   |  | utions credited or given to an insider, including oner perquisite during one year immediately prece  |                   |
| Name and Address of   | Date and   | Amount of Money or   |                   |
| Recipient, Relationship to Debtor   | Purpose of<br>Withdrawal   | Description and value of Property  |                   |
|   |  |  |                   |
| 24. TAX CONSOLIDATION GF  | ROUP:  |  |                   |
| If the debtor is a corporation, lis   | st the name and federal taxpayer identifi  | cation number of the parent corporation of any contains the company of the compan | • .               |
| If the debtor is a corporation, list for tax purposes of which the dicase.  Name of                                       | st the name and federal taxpayer identifi<br>ebtor has been a member at any time w<br>Taxpayer                         |  | • .               |
| If the debtor is a corporation, lis<br>for tax purposes of which the de<br>case.  | st the name and federal taxpayer identifi<br>ebtor has been a member at any time w                                     |  | • .               |
| If the debtor is a corporation, list for tax purposes of which the dicase.  Name of                                       | st the name and federal taxpayer identifi<br>ebtor has been a member at any time w<br>Taxpayer                         |  | • .               |
| If the debtor is a corporation, lis for tax purposes of which the decase.  Name of Parent Corporation  25. PENSION FUNDS: | st the name and federal taxpayer identification has been a member at any time w  Taxpayer  Identification Number (EIN) |  | nmencement of the |
| If the debtor is a corporation, lis for tax purposes of which the decase.  Name of Parent Corporation  25. PENSION FUNDS: | st the name and federal taxpayer identification has been a member at any time w  Taxpayer  Identification Number (EIN) | thin six (6) years immediately preceding the com   | nmencement of the |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

| _                 | _            |           | _          |
|-------------------|--------------|-----------|------------|
|                   |              | <b></b>   | FEAIDA     |
| STATEME           | ~            | - I / I / |            |
| .7 I A I C IVIC I | <b>VI ()</b> |           | 16 6 AIR.3 |

#### **DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachment thereto and that they are true and correct.

Dated: 06/04/2009 /s/ Rebecca Lynn Kaiser

Rebecca Lynn Kaiser

X Date & Sign

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser / Debtor

## **DEBTOR'S STATEMENT OF INTENTION**

PART A - Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

| Property No. 1  |   |
|---|---|
| Creditor's Name: Cambridge Lake Community Assoc C/O Kovitz, Shifren 750 Lake Cook Rd. #350                  | Describe Property Securing Debt:<br>874 Emerald Dr. Pinegree Grove, IL 601404 (SURRENDER) |
| Property will be (check one):   |   |
| ■Surrendered □  | Retained  |
| If retaining the property, I intend to (check at I  | least one):   |
| ☐Redeem the property  |   |
| □Reaffirm the debt  |   |
| □Other. Explain522(f)).   | (for example, avoid lien using 110 U.S.C. §   |
| Property is (check one):  |   |
| □Claimed as exempt  | ■Not claimed as exempt  |
| Property No. 2  | 1   |
| Creditor's Name: Wells Fargo Home Mortgage Bankruptcy Department 8480 Stage Coach Circle Frederick MD 21701 | Describe Property Securing Debt:<br>874 Emerald Dr. Pinegree Grove, IL 601404 (SURRENDER) |
| Property will be (check one):   |   |
| ■Surrendered □  | Retained  |
| If retaining the property, I intend to (check at a ☐Redeem the property                                     | least one):   |
| ☐Reaffirm the debt  |   |
| □Other. Explain<br>522(f)).   | (for example, avoid lien using 110 U.S.C. §   |
| Property is (check one):  |   |
| □Claimed as exempt  | ■Not claimed as exempt  |
|   |   |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser / Debtor

### **DEBTOR'S STATEMENT OF INTENTION**

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

| Property No. 0       |  |
|----------------------|--|
| Lessor's Name:  NONE | Lease will be<br>assumed pursuant to<br>11 U.S.C. § 365(p)(2): |
|                      | □ Yes □ No   |

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Dated: 06/04/2009 /s/ Rebecca Lynn Kaiser

Rebecca Lynn Kaiser

X Date & Sign

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

Bankruptcy Docket #:

### **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR - 2016B**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

The compensation paid or promised by the Debtor(s), to the undersigned, is as follows:

For legal services, Debtor(s) agrees to pay and I have agreed to accept

Prior to the filing of this Statement, Debtor(s) has paid and I have received

The Filing Fee has been paid.

\$1,500

\$1,500

2. The source of the compensation paid to me was:

Debtor(s) Other: (specify)

3. The source of compensation to be paid to me on the unpaid balance, if any, remaining is:

Debtor(s) Other: (specify)

The undersigned has received no transfer, assignment or pledge of property from the debtor(s) except the following for the value stated: **None.** 

- **4.** The undersigned has not shared or agreed to share with any other entity, other than with members of the undersigned's law firm, any compensation paid or to be paid without the client's consent, except as follows: **None.**
- 5. The Service rendered or to be rendered include the following:
- (a) Analysis of the financial situation, and rendering advice and assistance to the client in determining whether to file a petition under Title 11, U.S.C.
- (b) Preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
- (c) Representation of the client at the first scheduled meeting of creditors.
- (d) Advice as required.
- **6.** By agreement with the debtor(s), the above-disclosed fee does not include the following service: Fee does **NOT** include missed court dates & amendments to schedules, contested matters, motions, objections to discharge or other matters except the first meeting of creditors.

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

Respectfully Submitted,

Dated: 06/12/2009 /s/ Jason A Kara

Attorney Name: Jason A Kara LAW OFFICES OF PETER FRANCIS GERACI 55 E. Monroe Street #3400 Chicago IL 60603 312.332.1800 (PH) 312.332.6354 (FAX)

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Rebecca Lynn Kaiser, Debtor

| VEDIE        |        | $M \cap E$ | CDEDI. | IATDIV |
|--------------|--------|------------|--------|--------|
| <b>VERIF</b> | ICATIO | IN UF      | CREDI' | IAIRIA |

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 06/04/2009

/s/ Rebecca Lynn Kaiser Rebecca Lynn Kaiser X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Rebecca Lynn Kaiser Debtor

### **NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> bankruptcy filing. Briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) must be provided by nonprofit budget & credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

- 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors
- Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)
- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not

#### Chapter 13: Repayment of All or Part of Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family farm or fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Dated: 06/04/2009 /s/ Rebecca Lynn Kaiser

Rebecca Lynn Kaiser

**~** 

Sign & Date Here



Bar No: 6294371

Sign & Date Here

Dated: 06/12/2009

/s/ Jason A Kara

Attorney: Jason A Kara

PFG Record # 355846